Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (\$B83)

PTO/SB/83 (04-08)
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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

| Application Number | 09/437,607 | RE | UEIVEL |
|------------------------|----------------------|---------|------------|
| Filing Date | 11/10/1999 | CENTRAL | FAX CENTER |
| First Named Inventor | Rufus L. Chaney | Alic | 2 4 3000 |
| Art Unit | 1638 | AUU | 2 1 2008 |
| Examiner Name | IBRAHIM, MEDINA AHME | D | |
| Attorney Docket Number | VRD 3003.01 | | Ī |

| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | | |
| all the practitioners of record; the practitioners (with registration numbers) of record listed on the attached paper(s); or | | | | | | | | |
| the practitioners of record associated with Customer Number. 30868 NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number. | | | | | | | | |
| The reason(s) for this request are those described in 37 CFR: 10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4) | | | | | | | | |
| 10.40(c)(1)(i) | | | | | | | | |
| 10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below: | | | | | | | | |
| | | | | | | | | |
| Certifications | | | | | | | | |
| Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. | | | | | | | | |
| 1. // I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. | | | | | | | | |
| 2. | | | | | | | | |
| 3. VWe have notified the client of any responses that may be due and the time frame within which the client must respond. | | | | | | | | |
| Please provide an explanation, if necessary: | | | | | | | | |

[Page 1 of 2]
This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTC/SB/83 (04-08)
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|--|-------------------------|--|---------------|-------------|------------------------------|---------------|--|--|
| | | only when the correspondence openy made itself of record purs | | | es of address will only be a | cepted to an | | |
| Change the | e correspondence a | ddress and direct all future or | orrespondence | to: | | | | |
| A The address of the inventor or assignee associated with Customer Number: | | | | | | | | |
| OR | | | | | | | | |
| _ 1 | entor or signee name | | | | | | | |
| Address | | | | | <u>-</u> | | | |
| City | | State | Zip | | Country | | | |
| Telephone | | | Email | | | | | |
| I am autho | onzed to sign on b | ehalf of myself and all wit | hdrawing prac | titioners. | | | | |
| Signature | | | | | | | | |
| Name | Arlir M. Amado | îr M. Amado | | | Registration No. 51,399 | | | |
| Address | 1725 Duke Street | Suite 240 | | | | | | |
| Citý Alexandria State VA | | Zip 223 | 14 | Country USA | | | | |
| Date | August 21, 2008 | 7008 Telephone No. 703-519-9801 | | | | | | |
| NOTE: Witho | Irawai is effective wh | en approved rather than when | received. | | | | | |

[Page 2 of 2]

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